PATENT APPLICATION SERIAL NO.

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

02/20/2004 HDEMESS1 00000026 061130 10708251

01 FC:1001 770.00 DA 02 FC:1201 172.00 DA 03 FC:1202 198.00 DA

PTO-1556 (5/87)

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

1070825

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER		
TOTAL CLAIMS 3			(COIGITITY)		(COIL	(Coldinit 2)		RATE FEE		OR 7	SMALL RATE	FEE	
FOR			NUMBER FILED		NUME	BER EXTRA	1	BASIC FEE		OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			<i>a</i> i			1				1OH		170.00	
-			5 minus 20=		* /			X\$ 9=		OR	X\$18=	198	
—	DEPENDENT C			nus 3 =	\mathcal{Q}			X43=	·	OR	X86=	172	
		NDENT CLAIM P						+145=		OR	+290=	\	
* If	the difference	less than ze	ss than zero, enter "0" in co			•	TOTAL		OR	TOTAL	1140		
CLAIMS AS AMENDED - PART II								OTHER THAN					
	1111	(Column 1)	(Colum			(Column 3)	3) SMALL			OR	SMALL ENTITY		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		<u> </u>	1 [X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	:	OR	+290=		
							L	TOTAL		l	TOTAL		
ADDIT. F										OR,	ADDIT. FEE		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									ADDI			455	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		= .		X43=		OR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=		
							L	TOTAL		OR	TOTAL		
							A	DDIT. FEE		OR ,	DDIT. FEE		
		(Column 1) CLAIMS		(Colum		(Column 3)	· •			·			
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		=		X\$ 9=		OR	X\$18=	FEE .	
	Independent	*	Minus	***		=	╽┠	X43=		.	X86=		
٩	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A40=		OR	×60=		
+145= OR +290=											1		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DDIT, FEE		
r	he "Highest Num	mber Previously Paid ber Previously Paid	io For IN THIS For" (Total or	SPACE is Independen	less than it) is the l	i 3, enter "3." highest number			opriate box				